

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>101705874</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		51	/
2						52	/
3						53	
4		/				54	/
5		/				55	
6						56	
7		/				57	
8		/				58	
9		/				59	
10		/				60	
11		/				61	
12		/				62	
13		/				63	
14		/				64	
15		2		2		65	
16		/				66	
17		/				67	
18		4		4		68	
19		/				69	
20		/				70	
21		4		2		71	
22		4		2		72	
23		4		2		73	
24		4		2		74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38		/				88	
39		/				89	
40		/				90	
41		/				91	
42		/				92	
43		/				93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	9
TOTAL DEP.						TOTAL DEP.	47
TOTAL CLAIMS						TOTAL CLAIMS	59